EFFECTIVE MENTORING OF NEW REGISTERED NURSES

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Abstract

RESEARCH PAPER: New Registered Nurses' Perceptions of Mentoring

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Mentoring new registered nurses is important for the successful transition into professional practice due to the many technical and emotional demands of the nursing profession (Beecroft, Santner, Lacy, Kunzman, & Dorey, 2006). Mentors are role models that help to socialize and guide new registered nurses. Feedback from new registered nurses about the mentoring program will provide information to enhance or restructure mentoring programs. The purpose of this comprehensive summative analysis study is to evaluate a mentoring program for: new registered nurses' satisfaction with the match of the mentor/mentee; perceptions of guidance and support; socialization into the profession; the benefits of role model acquisition of professional behaviors; maintenance of contact between the mentor/mentee over time, and satisfaction with the mentorship program. This is a modified replication of Beecroft et al.'s (2006) study. The framework is based on Yoder's (1995) concept of mentoring, Gefke's (1999) Six Phases of Mentoring model, and Borich and Jemelka's (1982) Education Decision Model for Program Evaluation. The study will take place in one non-profit Level II Trauma Center in Fort Wayne, Indiana. The anticipated convenience sample is 50 new registered nurses

who have participated in a mentoring program within the past 2 years. The instruments used will be the eight question questionnaire developed for the Beecroft et al.'s (2006) study, Hinshaw and Atwood's Anticipated Turnover Scale (1982), and Corwin's Nursing Role Conception Scale (1961). Information about the new registered nurses' perception of mentoring programs may be helpful in enhancing or restructuring future mentoring programs.

Chapter I

Introduction

The healthcare industry is undergoing remarkable changes that are significantly altering the way care is delivered. Burgeoning technology and innovation has impacted healthcare delivery and is one of the driving forces changing social structures and relationships across all care delivery models. Nurses are tasked with multiple responsibilities to perform with care, accuracy, and timeliness (Porter O'Grady & Malloch, 2007). Careers in healthcare are physically, mentally, and emotionally demanding (Persaud, 2008). The rapid pace of change and increasing complexity creates a confusing and stressful practice environment for new registered nurses as they enter the profession.

Due to the innumerable challenges, new registered nurses encounter, the mentoring concept has been increasing in usage as a methodology for the support of professional growth, satisfaction, and development (Yoder, 1990). The mentor role is a clinical development position where a senior person with experience and position provides information, advice, and emotional support for a junior person in a relationship lasting for an extended period of time (Yoder, 1995). Mentor programs have demonstrated success in providing support for the transition from education to practice (Beercroft, Santner, Lacy, Kunzman, & Dorey, 2006). Nurses that serve as mentors

provided a vital role of support to new registered nurses as they transitioned to professional practice (Beecroft et al., 2006).

Background and Significance

Nursing shortages are at a crisis point world-wide (Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2009). The number of nurses leaving the profession creates the need for nurse leaders to examine how nurses are supported and retained (Kelly & Ahren, 2008). The initial months of professional practice can be the most stressful for new registered nurses and are important to developing professional confidence and clinical skills (Morrow, 2009). New registered nurses enter the nursing profession with a sense of expectation and excitement. They play a key role in shaping the future of nursing as they grow and contribute to the professional practice of nursing. As new registered nurses experience overwhelming stressors, they often consider leaving the practice roles or profession. The new nurse experiences multiple challenges navigating the transition from student to practitioner.

It has been found that 35 – 65% of newly hired nurses leave employment within the first year of practice. The large number of new nurses leaving creates replacement expenses and disrupts the quality of care delivered. Consequently, nursing attrition rates across the nation were very high, 55% to 61% (Persaud, 2008). In addition, the financial burden associated with the attrition rates was substantial, $42,000 to $64,000, per nurse leaving an organization (Mills & Mullins, 2008).

Problem

Healthcare organizations are seeking ways to successfully retain new registered nurses and create a work environment that encourages the support of personal professional growth and development. New registered nurses experience many challenges when transitioning to the professional nurse role. Some of the challenges that face new registered nurses are a lack of critical thinking and clinical knowledge or skills, professional communication skills, socialization issues with enculturation into a new workgroup, and satisfaction with the professional role. The academic setting proves to be very different than the practice setting for the new registered nurse. Mentoring new registered nurses is important for the successful transition to practice (Beecroft et al, 2006).

Purpose

The purpose of the study is to evaluate a mentoring program for new registered nurses' in the areas of mentor satisfaction, guidance and support; socialization into the profession, benefits of role model acquisition of professional behaviors, maintenance of contact between the mentor/mentee over time, and satisfaction with the mentorship program. This is a modified replication of Beecroft et al.'s (2006) study. Beecroft et al.'s study was conducted as part of a larger evaluation program to evaluate a healthcare facility's orientation program. The study results of a larger mentor evaluation were previously published by Beecroft, Kunzman, and Krozek (2001). The findings of this study may provide information for nurse leaders and educators about the new registered nurses' perception of mentoring programs.

Research Question

1. Does a structured mentor program for new registered nurses provide benefit to the new registered nurse's job satisfaction, socialization, clinical expertise, and professional growth and development as they transition to their role as practitioner?

Theoretical Framework

The framework for the study is based on Yoder's (1995) concept of mentoring, Gefke's (1999) Six Phases of Mentoring Model, and Borich and Jemelka's (1982) Education Decision Model for Program Evaluation. Yoder (1995) conducted a systematic review of career development relationships (CDR) occurring in nursing. Yoder's intent was to study and clarify the unique role of nurse mentoring. Various CDRs exist to support professionals, including mentoring, coaching, peer-strategizing, and precepting. A CDR is defined by Yoder as a dyadic relationship in which there is a conscious goal to provide for gradual socialization into the organization and to develop the clinical skills and career advancement of the less experienced individual (Yoder, 1995). Mentoring is considered by Yoder as the ultimate CDR, as it incorporates all of the various CDR components in a comprehensive manner. It is a role using formal and informal influence between an experienced and inexperienced nurse and involving extended time and substantial emotional commitment (Yoder, 1995).

Prior to Yoder's (1995) research concerning the range of CDRs experienced by staff nurses, the concept of mentoring was analyzed by Yoder (1990) and determined to be a structural role which emphasizes the role development of a novice within an organization. As a role phenomenon, it is key to supporting and advancing staff

member's careers. Yoder's concept review was reflective of business, management, and education literature, which described mentoring and its' functions. The definition of mentoring accepted by Yoder was Bowen's (1985) work describing mentoring as a transactional process transmitting information, advice, support and expertise from an experienced to a less experienced individual.

Gefke's (1999) Six Phases of Mentoring were: (a) phase 1 getting acquainted and establishing rapport; (b) phase 2 goal setting, contracting, and action planning; (c) phase 3 implementing plans and assessing program; (d) phase 4 evaluating successes and reassessing progress; (e) phase 5 reprioritizing and selecting additional goals; and (f) phase 6 letting go, celebrating, and evaluation of program.

Borich and Jemelka (1982) developed their evaluation model based on research findings regarding strategies for education program evaluations. The themes and concepts related to the education decision model included formal program requirements, socialization, support, and satisfaction. These four concepts were used in the narrative analysis of the qualitative portion of Beecroft et al.'s (2006) research.

Definition of Terms

Conceptual.

Mentorship is a process of supporting the transition of the new registered nurse into the workplace (Beecroft et al., 2006). It is a concept which describes the function of a long term relationship between an experienced and novice nurse. The goal of the relationship is to support the new registered nurse in achieving professional satisfaction, growth and development (Yoder, 1995). A mentor serves as guide, role model, supporter, advisor, teacher, coach, and sponsor (Neary, 2000).

Operational.

Success of mentorship will be measured using the survey questionnaire developed by Beecroft et al. (2006). This survey consists of eight items using a yes/no format for the responses with space after each item for comments. The comments will be analyzed for themes to compare to previous results.

Conceptual.

Socialization is a process of enculturation of the new registered nurse into the workplace (Beecroft et al., 2006). It is the development of a sense of belonging and purpose for the role and assists the new registered nurse with the reconciliation of utopian ideals to the reality of practice (Yoder, 1995). The new nurse should acquire the attitudes, goals, and values fundamental to nursing and the workplace (Beecroft et al., 2001). Professional socialization for new registered nurses requires the adoption of workplace practice expectations (Yoder, 1995).

Operational.

Success of socialization will be measured using Corwin's Nursing Role Conception Scale (1961). The scale was utilized in Beecroft et al.'s (2001) overall orientation program evaluation. The Conception Scale will evaluate the nurse's role transition and enculturation into professional nursing practice with a 5-point Likert scale from (1) strongly agree to (5) strongly disagree. Items on the subscale measure perceptions of professional orientation on variables such as practice independence, standards of excellence, membership in professional organizations, credentialing, continued learning, and interest in research.

Conceptual

Hospital nurse retention is the rate of attrition of registered nurses from the designated workplace. Healthcare organizations are working diligently to develop strategies for the retention of new registered nurses (Laschinger, Finegan, & Wilk, 2009). Successful retention of nurses after orientation is important for both the nurse's professional development and for the quality of nursing care provided to the patient within the healthcare organization. The concept of retention is comprised of nurses' intent to remain employed. It is described as the efforts or strategy by which employers attempt to retain employees in the workforce (Tourangeau et al., 2009).

Operational

Retention concepts will be measure using Hinshaw and Atwood's Anticipated Turnover Scale (1982). This instrument was utilized in Beecroft et al.'s (2001) overall orientation program evaluation. This instrument produces an index of the nurse's opinion, perception, or consideration of voluntarily terminating their job with a 7-point Likert scale from agrees strongly (7) to disagree strongly (1). Actual turnover rates will be compared for a 1-year period that extends from the hire date.

Conceptual.

Demographic characteristics will be used to provide information regarding factors which may influence new registered nurses' sense of perception of the mentorship program. The factors include: age, education, previous healthcare experience, and work setting.

Operational.

Demographic characteristics will be measured using the same items developed by Beecroft et al. (2006). This survey will measure the age, education, previous healthcare experience, and work setting by requesting that participants fill in the answers.

Limitations

Surveying new registered nurses only once from one location are limitations to the study and may not represent the opinions from larger groups of nurses or nurses in other regions of the country. Responses will be elicited from only mentees. The perspective of the mentor will not be assessed.

Assumptions

New registered nurses are in need of support and guidance during transition to practice. Mentor programs benefit new nurses by providing support, facilitating the ability to acquire new skills, professionally maturing, and successfully socializing into both the organization and the profession. Nurse retention may improve with the use of mentorship programs.

Summary

Nurse shortages are a worldwide concern (Tourangeau et al., 2009). Research has demonstrated the relationship between successful mentor programs and retention of new registered nurses (Halfer, Graf, & Sullivan, 2008). The purpose of this comprehensive summative analysis study is to evaluate a mentoring program over time for new registered nurses' satisfaction with the mentor, guidance and support; socialization into the profession, benefits of role model acquisition of professional behaviors, maintenance

of contact between the mentor/mentee over time, and satisfaction with the mentorship program. This is a modified replication of Beecroft et al.'s (2006) study.

Chapter II

Review of Literature

Introduction

As the transition from nursing student to the professional nurse role occurs, new registered nurses experience multiple challenges beginning the professional role. Critical thinking, clinical skills, professional communication, and social skills are generally all undeveloped as new nurses enter professional practice. Current research indicates that a mentoring program, which purposefully connects new registered nurses with experienced nurses, provides a successful transition to practice. Mentoring new registered nurses is important for the successful transition to practice related to the technical and emotional demands of the job (Beecroft, et al., 2006).

The purpose of this comprehensive summative analysis study is to evaluate a mentoring program for new registered nurses' satisfaction with the match of the mentor/mentee; perceptions of guidance and support; socialization into the profession; benefits of role model acquisition of professional behaviors; maintenance of contact between the mentor/mentee over time; and satisfaction with the mentorship program. The literature review consists of selected research studies focused on essential aspects of mentoring for new registered nurses. The literature is organized into four sections: (a) theoretical framework; (b) mentor dimensions; (c) mentor strategies; and (d) mentor outcomes.

Theoretical Framework

The framework for this replication study is based on Yoder's (1995) concept of mentoring work, Gefke's (1999) Six Phases of Mentoring Model, and Borich and Jemelka's (1982) Education Decision Model for Program Evaluation. Yoder (1995) conducted a systematic review of career development relationships (CDR) occurring in nursing. This review studied and clarified the unique role of nurse mentoring. Various CDRs exist to support professionals, including mentoring, coaching, peer-strategizing, and precepting. A CDR is defined by Yoder as a dyadic relationship in which there is a conscious goal to provide for gradual socialization into the organization and to develop the ability and promotability of the less experienced individual (Yoder, 1995). Mentoring is considered by Yoder as the ultimate CDR, as it incorporates all of the various CDR components in a comprehensive manner. It is a role using formal and informal influence between an experienced and inexperienced nurse and involving extended time and substantial emotional commitment (Yoder, 1995).

Prior to Yoder's (1995) research concerning the range of CDRs experienced by staff nurses, the concept of mentoring was analyzed by Yoder (1990) and determined to be a structural role which emphasizes the role development of a novice within an organization. As a role phenomenon, it is key to supporting and advancing staff nurse's careers. Yoder's review was reflective of business, management, and education literature, which described mentoring and its functions. The definition of mentoring accepted by Yoder was Bowen's (1985) work describing mentoring as a transactional process transmitting information, advice, support and expertise from an experienced to a less experienced individual.

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Borich and Jemelka (1982) developed the evaluation model on research findings regarding strategies for education program evaluations. The themes and concepts related to the education decision model included formal program requirements, socialization, support, and satisfaction. These four concepts were used in the narrative analysis of the qualitative portion of Beercroft et al.'s (2006) research.

Mentor dimensions

Nursing is facing many challenges in today's healthcare environment. Mentoring in nursing has become known as an effective tool for supporting the professional growth, development, and satisfaction for the new registered nurse. Mentors are role models, help to socialize and guide new nurses. The word mentor is derived from Greek mythology and its meaning implies teacher, helper, and advisor (Yoder, 1990). It is a concept that was prevalent in the humanities and arts professions and today has evolved to become important in support of the nursing profession. As costs for recruitment and retention rise, it is imperative that organizations maximize human potential for the support of nursing care. The concept of mentoring has been confused with role modeling, sponsorship, precepting, and peer strategizing. Mentoring as a structural role primarily emphasizes the role development of a novice.

There is some controversy regarding the specific role and functions of a mentor within the nursing profession. The similarities and differences between preceptors and mentors are the primary focus of the divergent opinions. Walsh and Clements (1995) conducted a study to gain a clearer understanding of the concept of mentoring, identify how mentoring affects the socialization of nurses, and define attributes of mentors as perceived by orthopedic nurses. The goal is to develop programs that support mentor-mentee relationships that can lead to greater job satisfaction, stronger self-identity, and improved quality care outcomes. The conceptual frameworks for the study were Field's (1991) major functions and characteristics of mentors, Yoder's (1990) definition of mentoring, and Kram's (1983) mentor attributes and relationships. The research questions were: (a) What do orthopedic nurses perceive as attributes of a mentor?; and (b) Who do orthopedic nurses feel are the most appropriate persons to serve as mentors?

The authors developed a three part questionnaire to obtain the information needed to assess the nurses' perception of mentor attributes. Construct and content validity was obtained by faculty review. A random selection of 500 registered nurses belonging to the National Association of Orthopedic Nurses was invited to participate in the study. The actual sample consisted of those registered nurses (N=218) who returned completed questionnaires. The majority of the respondents worked full time in hospitals as staff nurses and had worked as a registered nurse for more than 10 years. Thirty seven percent of the respondents had baccalaureate degrees in nursing (Walsh & Clements, 1995).

The first section of the questionnaire included 25 mentor and mentoring descriptors. The terms for the descriptors were derived from the conceptual frameworks and review of relevant literature. Nurses completing this section rated their agreement

with the terms in relation to mentors and mentoring through the use of a 5-point Likert scale. The second section listed 15 health care professional classifications and the nurses rated the appropriateness of them to act as mentor, using a 5-point Likert scale. The third section was the collection of demographic data (Walsh & Clements, 1995).

A majority of nurses in the study reported that: (a) mentors provide exposure, visibility, and intellectual stimulation; (b) mentors are experts; and (c) mentoring is an active process. Of the mentor functions determined to be important, the responses with the highest percentages included mentor functions of role model, support, teacher, advisor, and inspirer. The responses with the lowest percentages were protector, passive process, risky, and short term. Fifty percent agreed that mentoring is a long term process. The most appropriate health care professional to be mentors was determined to be clinical nurse specialists, with 90.4% respondents. Preceptors and staff nurses were determined to be appropriate by 89% of the respondents. Staff development instructors received 68.3% of the responses. Dieticians and director of nursing received the lowest percentage of respondents with 21.1% and 27.1% responses respectively (Walsh & Clements, 1995).

The authors reported several conclusions from this study: (a) attributes of mentors include role modeling, supporting, precepting, guiding, challenging, teaching, inspiring, and being an expert; (b) mentoring is a long term and active process; and (c) clinical nurse specialists, preceptors, staff nurses, head nurses, and staff development instructors were the most appropriate clinical mentors. They recommended repeating the study with a larger sample size and using a different statistical program for analysis to

identify further differences between variables. The study served a limited purpose of identification of attributes and functions of mentors (Walsh & Clements, 1995).

Angelini (1995) reported that mentoring was an interpersonal phenomenon and sought to understand the professional nurse's experience with mentoring. The purpose of the study was to: (a) describe and identify perceived mentoring experiences of professional nurses working in various hospital settings; (b) describe mentoring strategies and career development as viewed by nurses; (c) and develop models that depict mentoring and emergent variables. The framework for the study was Gilbert and Rossman's (1990) Model of Mentoring as an interpersonal phenomenon.

Criteria for inclusion were acute care nurses who worked 32 hours or more per week and worked in medical surgical clinical settings and had a minimum of 5 years experience. Thirty-seven Caucasian female nurses and 8 female nurse managers representing four teaching and non-teaching acute care hospitals in two northeastern states agreed to participate in the study. The mean participant age was 38.2 years (Angelini, 1995). The researcher used a grounded-theory research method for an exploratory descriptive qualitative approach to the study. Four data sources were used: audio-recorded face-to-face interviews with staff nurses; audio-recorded interviews with the respective nurse managers; biographical data; and document analysis of job descriptions, philosophies, and mission statements of each respective institutional setting. Selected probe questions were used to facilitate the interview process. The data was examined and verified to gain perspective on mentoring and staff nursing (Angelini, 1995).

There were three main categories of issues influencing mentoring that emerged: environment, people, and events. Five themes were outlined: (a) influence of hospital environment on staff nurses; (b) staff nurse's need for assistance with clinical problem solving; (c) nurse manager's work in promotion of career advancement for staff nurses; (d) socialization and support for staff nurses; and (e) peer nurse influence. A structural model of mentoring as perceived by staff nurses was derived. This model identified four phases of the mentor process: mentoring characteristics; mentoring dimensions; mentoring strategies; and career development outcomes (Angelini, 1995).

The most salient mentoring strategy involved the category of people, which included both the nurse's peers and the manager. Mentoring was described as multifactorial, situation, and relational. Study results indicated that the primary influential for professional nurses were the nurse peers and managers. Professional staff nurses perceived that mentoring was a large part of career development. There were no differences in the nurses' perceptions of mentoring for teaching or non-teaching hospitals (Angelini, 1995).

Mentoring at the clinical bedside was of primary importance. Dimensions to mentoring were identified as environment, people, and events. The presence of clinical mentors were critical at the bedside level to assist staff nurses when mentoring. An important supportive factor was identified concerning the provision of educational training. Educating mentors in their role and function increased their awareness of mentoring influentials. Relationship building was identified as important to the mentoring process. Strategies for educating mentors should focus on the important role relationships have in the process. Two key conclusions identified were that mentoring is a

multidimensional process and both nurse managers and mentors need development in the role as a mentoring influential (Angelini, 1995). This study confirmed that mentoring was a complex process. Important components of the process were relationships, education, and support for the process at the clinical level.

Precepting was considered a closely related yet separate concept to mentoring. Mentoring was considered a comprehensive and long term collegial relationship. Precepting was a focused short-term relationship between an experienced and new registered nurse. A preceptor's primary functions were educational, professional, and clinical performance support for new nurses. Precepting was a short-term role focused on clinical training and support (Hickey, 2009).

Optimal preparation of new registered nurses was a high priority for organizations. New registered nurses often lack clinical skills and the ability to critically think. Inexperience yields an increased stress level and difficulty in performing expected duties. As they enter into practice, they must be able to function safely. The American Association of Colleges of Nursing (1998) identified key skill expectations of new baccalaureate nurses. These core competencies include such skills as physical assessment skills, wound care management, critical thinking, and medication administration. High quality preparation is linked to high retention, patient quality outcomes, and nursing satisfaction.

The purpose of Hickey's (2009) study was to identify the preceptors' perceptions of competence of new registered nurses and determine which skills were of highest importance as the new registered nurse enters nursing practice. Benner's (1984) Novice–to–Expert model served as the framework for the study. The setting of this study was a

591 bed teaching hospital within the mid-atlantic states. The researcher selected the hospital since it was known to utilize a preceptor model for new registered nurse orientation. Inclusion criteria for the study were employment as a registered nurse at this teaching hospital, and having direct involvement with a preceptor in the past one year. A preceptor was defined as a nurse who had duties of clinical orientation and evaluation of new registered nurses. The total number of preceptors at this hospital was 200. Each of the preceptors was given an opportunity to participate. Of the 200 total hospital preceptors eligible to participate, 62 completed surveys were received. Fifty-eight of the participants were female and 4 male. The mean age of participants was 41, ranging from 26 to 58. The average years of preceptor experience was 9 years. Seventy four percent of the preceptors had never attended formal training (Hickey, 2009).

Hickey (2009) developed the Clinical Instructional Experience Questionnaire as a way to measure baccalaureate teaching effectiveness, and used the instrument with modifications for the preceptor perceptions study. The questionnaire had been previously pilot tested and used in an earlier study by the author. The study instruments' reliability coefficients ranged from .74 to .90. For the purpose of this study, the tool was modified for use with preceptors by omitting two items related to clinical instructor behaviors. The revised instrument contained 18 items and two subscales: Clinical Teaching (8 items) and Development of Clinical Competence (10 items). The survey used two 5-point Likert scales. Responses to open ended questions were analyzed using a content analysis approach (Hickey, 2009).

Preceptors identified new registered nurses areas of skill weakness: clinical skills, assessment skills, critical thinking, time management, communication, and teamwork.

Of the responses, 72% of preceptors reported that most of the time new registered nurses were able to perform basic technical skills, and 91% believed the function to be important or very important. Seventy six percent of the preceptors believed that sometimes or less often, new registered nurses were able to independently and competently perform more advanced technical skills. Eighty one percent weighed this as important or very important. Preceptors reported that 50% of the new registered nurses had adequate physical assessment skills, and 93% of the preceptors believed the skill was important or very important. Twenty percent of the new registered nurses were viewed as demonstrating critical thinking and decision making skills most of the time. Eighty two percent of the preceptors indicated this skill was important or very important (Hickey, 2009).

Responses from the survey indicated that orientation was a learning process and skills of new nurses improve over time. Although nurses were prepared adequately, the author related that preceptor's responses indicate that improvement in baseline performance was needed. Preceptors identified that new nurses needed more assistance than expected with skills. The author believed specific areas of clinical competence were in need of improvement, such as complex or advanced skills, prioritization, organization, care management, and critical thinking. There were four recommendations: (a) develop a structured preceptor training program; (b) develop methods to identify learning needs and facilitate learning; (c) ensure adequate administrative commitment and support; and (d) promote the socialization of new nurses (Hickey, 2009).

It is important that preceptor preparation be included in the development of any educational program for the orientation of new registered nurses. The new registered

nurse may need support in many clinical and communication skill areas. The preceptor serves as a guide as new nurses progress from the novice role. Nurses need to support, educate, and nurture new nurses to ease the transition into practice.

Mentor Strategies

Healthcare organizations struggle with retaining new registered nurses during the first twelve months of transition to professional practice. Providing mentors to assist new nurses during the transition is critical for success. Beecroft el al. (2006) provided insight into new nurses' experiences with mentors. The purpose of the study was to explore and identify perceived mentoring experiences of staff nurses working in various hospital settings. The authors also planned to describe mentoring strategies and career development as viewed by staff nurses and develop models that depict mentoring and emergent variables. Yoder's (1995) concept of mentoring, Gefke's (1999) Six Phases of Mentoring Model, and Borich and Jemelka's (1982) Educational Decision Model for Program Evaluation served as the conceptual framework.

The sample was obtained from a large healthcare facility in the United States. The total number of participants was N=318. Participants ranged in age between 23 and 30 years. The study spanned over a seven-year period and included approximately thirty new registered nurses per cohort group. Of the participants, 39.1% were associate degree prepared and 60.9% bachelor of science in nursing prepared. The study was conducted using cohorts of new registered nurses from 1999 thru 2005 (Beecroft et al., 2006). The researchers developed the survey instrument for the study. From 1999 to 2005, participants in the study responded to survey items, and data was generated from responses. Each item was summarized with descriptive statistics using SPSS, version

10.1. Summary scores were obtained, and logistic regression analysis was performed on demographics. Survey responses were cross-tabulated with demographic variables to determine possible impact on the mentoring experience (Beecroft et al, 2006).

Comments were analyzed according to each survey item and themes were then determined to be important for successful mentorship. The two main themes reported were satisfaction and support and socialization. Other themes were related to program requirements. The study results demonstrated: (a) mentees were satisfactorily matched with mentors; (b) mentees received guidance and support from mentors; (c) mentees believed mentors had minimal impact on socialization into the nursing profession; (d) mentees gained benefit from having a positive role model; and (e) were generally satisfied with the experience (Beecroft et al., 2006).

Beecroft et al. (2006) reported that there are some apparent obstacles to successful mentoring of new registered nurses. The obstacles included such issues as: lack of commitment, time, and scheduling constraints. Mentors need support from managers to coordinate important meetings between mentor and mentee. The authors summarized that mentors needed specific guidelines and information about how to best perform the roles. Tools such as checklists and online resources which help guide mentors in their role were helpful. They also concluded that the diversity of new nurses, including educational level, age, or choice of nursing unit may add or decrease stress and has an influence on the mentoring relationship.

Organizations have developed various programs, which incorporate mentors to support new registered nurses. A nurse residency program was a strategy to provide sustained developmental support for new nurses. Fink and Krugman's (2008) studied the

qualitative results of a survey to determine the success of a post baccalaureate nurse residency program. Role conflict, reality shock, and stress were often part of the new registered nurse's experience during the transition period to professional practice. In addition, the retention rate for new registered nurses was 20% to 40%. The poor retention rate has both a financial impact for the organization and personal costs for the new nurse. It is estimated that the financial loss from poor retention of a new registered nurse was $40,000. The personal costs were stress, role adjustment, financial issues, workload frustrations, and reality shock. Benner's (1984) Novice–to–Expert Model was used for the survey's framework (Fink & Krugman).

The survey participants were registered nurses who were residents in 12 academic hospitals in the University Health System Consortium/American Association of Colleges of Nursing's post baccalaureate residency program. To be included in the study, the participants were to have completed a full year of the residency program and have been hired from May 2002 - September 2003. There were a total of 1,058 participants. A final sample of 434 new nurses completed the surveys for all 3 periods of the study, for a response rate of 41% of the total sample (Fink & Krugman, 2008).

A portion of the Casey-Fink Graduate Nurse Survey (2004) was used for the study. A convenience sample of responses from nurse residents' completion of the survey questions was analyzed. Cronbach coefficient α was .89 for the quantitative section of the Casey-Fink Graduate Nurse Survey. Phenomenological qualitative research method was used for this research. Themes were mined from open-ended questions and qualitative data analysis was performed. The survey items used for this study were three

open-ended questions related to skills/procedure performance and five open-ended questions related to the work environment and role transition (Fink & Krugman, 2008).

The participants identified in writing the top three skills, which created discomfort when trying to perform independently. The sequence of priority varied over the three time periods. The five open-ended questions related to work environment provided the three most satisfying aspects of the experience. Skills and procedure discomfort for new registered nurses varied for respondents. They identified discomfort with over 100 different skills or procedures at 12 months after hire. Six skills providing significant challenges reported over 3 months, 6 months, and 12 month's time were intravenous starts; code or emergency response; tracheostomy suctioning care; nasogastric tube placement; EKG analysis; and management of intravenous drip medications (Fink & Krugman, 2008).

Analysis of the responses provided insight into the high level of stress experienced during the first six months of transition into practice. Role transition issues were categorized into five themes: (a) role changes; (b) lack of confidence; (c) workload; (d) fears; and (e) orientation issues. Each of these themes of transition difficulties were tied to the identification of recommendations for resolution of the difficulties. Measures to promote support and work integration included: manager and preceptor support; educator support; orientation extension; enhanced unit specific education; social networking; committee work; patient case reviews; and time management and assertiveness training. The three most satisfying aspects of the new registered nurse's role were identified as staff teamwork and support, colleague camaraderie and sense of belonging, and taking care of patients (Fink & Krugman, 2008).

By conducting qualitative analysis on the survey's open-ended questions, the researchers were able to provide significant depth to original findings and evaluate further some of the issues related to role transition for new registered nurses. Themes retrieved from the qualitative portion will be used to improve subsequent quantitative survey questions. The results of the study added to the body of evidence related to new nurse challenges, experiences, support measures, and successes. An important finding of the analysis was that the provision of adequate support and information may improve the registered nurses' perception of program success and provide a measure of satisfaction when moving through the role transition.

Mentor barrier identification is an important strategy for the development of a successful mentor program. Numerous articles have described the positive benefits of mentoring in the support of new nurses as they transition into their role as practitioner. Hurley and Snowden (2008) reported that the challenges for new registered nurses are greater when they begin their practice in critical care. There has been little research on the unique challenges of this experience for either the new nurse or the mentor. The purpose of this study was to explore the ways that critical care demands manifested themselves to become barriers to the mentor process. The authors' aim was to establish if there were perceived barriers to taking on three critical care educational roles: mentor, supervisor, and facilitator. The Nursing and Midwifery Council's (2006) standards of learning and assessment in practice and Benner's (1984) Novice–to–Expert model were used as the conceptual framework for the study.

The setting for the study was one hospital located in Sheffield, UK. The participants were employees of the hospital's three intensive care units. Every (N=118)

intensive care unit nurse was issued the anonymous questionnaire. Criterion for receipt of the survey was employment in one of the critical care units at the hospital. Demographic data was not reported in the study. The response rate for the questionnaire was 34% of the total number of nurses eligible for responding. Of the 118 eligible nurses, it was estimated that 16% of the nurses were either on family medical leave or vacation at the time of the survey (Hurley & Snowden, 2008).

The authors developed a questionnaire with Likert-type scales and a tick-list question format. There were also free text entry responses. The survey was derived from themes that they identified in the review of the literature about mentors. The 3 themes were: (a) motivation to acquire the mentor qualification; (b) mentor's self confidence in the role; and (c) mentor's knowledge of the program. The survey was delivered by internal hospital mail to each of the intensive care units with instructions to complete and return as directed within 2 weeks of the delivery date (Hurley & Snowden, 2008).

The survey findings identified many barriers to the mentor role. The nurses' own perception of barriers not previously identified in the literature review included: (a) mentor administrative responsibilities; (b) multiple nurses to mentor; (c) lack of student motivation; and (d) underestimation of the ability of less experienced nurses to mentor. Of the respondents, 31 indicated that the lack of time due to clinical workload was a significant barrier to mentoring. Lack of familiarity with the mentor program received 23 responses, and lack of familiarity with documentation received 21 responses. Lack of opportunity to update supervisor knowledge received 19 responses, lack of training in supervision received 13 responses, and lack of familiarity with systems for training and

assessment for the area received 9 responses. The authors found similarities between the responses to the survey and previous studies (Hurley & Snowden, 2008).

The survey results indicated that workload pressures were perceived as a significant barrier to effective mentoring. The summary emphasized that although preparation and support for mentoring is important, the organization should not overlook the importance of assuring appropriate workload and administrative duties for the mentors. Critical care is a complex work environment, and it is vital that barriers to effective mentoring be reduced, addressed, or eliminated to support the growth of the new registered nurse as they enter nursing practice. Nurse educators and managers must provide support and motivation for a mentorship program in order for it to be successful.

Anderson, Linden, Allen, and Gibbs (2009) reported that first nurse positions shape perceptions about the role and profession and turnover rates for new registered nurses were estimated to be 55% to 61% during the first year of employment. Nursing shortages were estimated to increase to 36% by the year 2020. Hiring and retaining new registered nurses was critical to the provision of healthcare both now and in the future. The orientation strategy of a new registered nurse residency program was modified to evaluate the effectiveness of an incorporating the concepts of mentoring, preceptors, interactive educational sessions, and faculty support.

New registered nurses face many complex challenges working with patients. Current healthcare challenges such as high-intensity care, heavy workloads, unfamiliar technologies and psychological stressors all have an impact on new registered nurses. Innovative approaches to engage nurses in the workplaces can have a positive impact on nurse satisfaction and retention. Nurse residency curriculum programs have been

successful in improving job satisfaction and professional growth. Anderson et al. (2009) conducted research to measure new nurse job satisfaction and engagement perceptions after the completion of an interactive residency module program and test the reliability and validity of the Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (Halfer & Graf, 2006). The conceptual framework for the instrument was the work of Kramer (1974) regarding reality shock experiences of new registered nurses.

In 2006, a nurse residency program was revised to assist new nurses to transition into practice roles successfully. It was introduced to 120 new registered nurses within the Alegent Health System in Omaha, Nebraska. The program was a 1-year residency consisting of interactive sessions, e-mail communication with peers and faculty, professional portfolio completion, monthly guided journal assignments submitted to advanced nurse specialists for mentor feedback, and traditional role precepting in the clinical work areas. Interactive sessions were focused on the themes of professionalism, clinical practice, and interdisciplinary planning. Ninety nurses participated in the research to evaluate the impact that the revised program had on the new registered nurses. Demographic data was not published (Anderson et al., 2009).

The Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (Halfer & Graf, 2006) and an employee engagement survey were utilized for the study. This instrument has a Pearson-Brown split/half reliability of 0.8962. The nurse's perceptions of the work environment, sources of professional fulfillment, and job satisfaction were measured. The employee engagement survey consisted of 14 questions and used a 5-point Likert scale seeking a degree of agreement. The questions were derived from the Gallup Q-12 Employee Engagement survey. The factors of feeling valued,

recommending the organization to others, inclusion in decision making, trust, safety, support for innovation, and effective leadership were assessed. The findings of the surveys were coded by two researchers and were then collaboratively validated to identify themes (Anderson et al., 2009).

Two groups were identified as nurse satisfiers and dissatisfiers. The nurse satisfiers were: (a) patients, patient satisfaction, and patient outcomes; and (b) teamwork. Satisfaction was achieved when the new nurses were able to establish a therapeutic relationship with the patient and help them achieve the goals. Satisfaction was also found when experienced mentors were available to support them during the transition period. The nurse dissatisfiers were: (a) ineffective teamwork; (b) scheduling and staffing; and (c) physician disrespect. Lack of teamwork, poor schedule processes, and inadequate staffing led to job dissatisfaction. In addition to those factors, negative or derogatory experiences with physicians had a negative impact on job satisfaction (Anderson et al., 2009).

This study found, 1-year after the nurse residency session, new registered nurses were significantly impacted by the program. There was a 90% retention rate for the residents completing the program in comparison to the previous 5-year average of 86%. The second year retention rate remained unchanged at 70%. The new nurses perceived they were able to perform the job, identify resources, understand performance expectations, accomplish work tasks, and manage demands of the job effectively. The nurses also perceived they had developed effective work relationships, accepted members of the team, and valued as a professional member of the team. The most positively rated themes for this study's results were caring for patients and teamwork. It was surmised

that the nurse residency program positively impacted job satisfaction (Anderson et al., 2009).

The authors concluded that although the 2-year retention rate was unchanged, the benefits experienced by the nurses in completion of the program were positive. Professional development was enhanced by the program. Many barriers and challenges continue to exist for new registered nurses. Issues such as staffing and physician-nurse relationships can be addressed; however, nurse retention and clinical expertise are vital to the future of healthcare. The authors recommended that organizations continue to develop and pursue nurse residency programs in order to provide nurse satisfaction and decrease stress for the new registered nurse (Anderson et al., 2009).

Mentor Outcomes

Successful orientation of new registered nurses through a mentoring program can be costly and time consuming. Although research has supported the mentoring process as a successful method of enculturation of the new nurses into the professional work environment, questions remain about the feasibility of such programs. Outcomes such as nurse retention, job satisfaction, quality patient care, and financial benefit are important considerations. Financial constraints exist in all healthcare areas of practice and not to be overlooked as program outcomes are evaluated.

In 2002, the Children's Memorial Hospital in Chicago, Illinois, examined its hiring practices and nurse attrition rate. Attrition rates were the highest for new registered nurses in the initial employment year. Halfer (2007) published the results of the organization's new internship program, which was developed to support the novice nurse's professional development, transition into practice, and improve the organization's

ability to retain new nurses. The goal was to advance the new registered nurses' clinical practice experience and build on academic knowledge. The program's conceptual framework was based on Benner's (1984) Novice–to–Expert model, Knowles' (1970) theory of Adult Learning Principles, and Kramer's (1974) Reality Shock Theory.

The components of the internship included classroom learning and skills labs, a precepted clinical orientation, professional transitioning sessions, clinical learning exchanges, clinical mentors, and a debriefing program. The classroom component included 80 hours of general content and 32 to 72 hours of specialty content and certifications. The content focused on clinical competence development. Trained preceptors were used for clinical orientation and were assigned to support the new nurses' clinical skill development. A clinical mentor was selected as an additional confidential and objective support person. This nurse was not employed on the same unit as the new nurse. Professional training sessions were conducted to focus on coping strategies and emotional support. Debriefing sessions were conducted as a measure to process stressful events such as emergency resuscitations (Halfer, 2007).

The single setting for this program implementation was the Children's Memorial Hospital. The organization structured its internship program as a bridge between academic and service settings and required extending the length of the orientation process for each of the areas. The internship was implemented in the medical-surgical, intensive care, emergency, operating, and resource team departments. The number of new registered nurses recruited increased by 28% the first year after program implementation. In 2003, the hospital hired 84 new registered nurses. The first year, after the program was implemented, the hospital hired 117 new registered nurses. The attrition rate for the

hospital has averaged 12.3% per class for years 2003 through 2006. The ratio of novice to experienced nurses hired remained stable, with new nurses comprising 52% to 55% of all nurses hired. The hospital vacancy rate was a negative 2.1% for the 2005 fiscal year. The hospital has conducted employee satisfaction surveys each year and found that the nurse satisfaction results have improved steadily and far exceed the national average (Halfer, 2007).

Halfer (2007) concluded that a well-designed and implemented new registered nurse internship program will yield positive satisfaction and financial results. Estimated cost savings related to the reduction in attrition was $707,608. In addition to the cost savings, substantial program benefits were reported as increased job satisfaction, stronger clinical skills, higher morale, and increased productivity.

With today's economic constraints, it is imperative that organizations utilize resources wisely. There must be quantitative outcome evidence to support the expense of complex programs such as a lengthy mentoring orientation process. Costs, both in quality of care and work environment related to nursing turnover also must be considered in addition to the metrics of mentor program costs. Halfer et al. (2008) studied the impact of a program for new registered nurses, which included classroom learning, mentoring, precepting, clinical exchanges, and support for professional transitions.

The researchers' goal was to compare the job satisfaction and retention rates of two cohort groups of new registered nurses: one before and one after the implementation of a Pediatric RN Internship Program. The researchers investigated four questions: (a) Does the Pediatric RN internship program improve nurse perceptions of the work experience and job satisfaction?; (b) Are perceptions confounded by birth generation or

shift schedules?; (c) Is the pattern of longitudinal job satisfaction consistent over time after the implementation of a Pediatric RN internship program?; and (d) What is the impact of the pediatric RN internship on 1-year employment retention rates? (Halfer et al., 2008, p. 244).

A longitudinal descriptive panel study was undertaken at a Magnet-designated pediatric academic medical center. The sample consisted of 84 new registered nurses in the pre-implementation group and 212 in the post-implementation group. The new nurses were surveyed using a Likert-type job satisfaction instrument developed by the investigators. There were seven key factors derived from the instrument: (a) competence; (b) professional development; (c) practice support; (d) work schedule; becoming part of a team; (e) resource access; and (f) professional respect (Halfer et al., 2008).

The Likert-type scale consisted of 21 statements and four open ended questions. The survey was mailed at 3, 6, 12, and 18 months corresponding with the nurses' time on the job. Participation in the study was voluntary and all information kept confidential. All responses were coded with data reported at the aggregate level (Halfer et al., 2008).

Data was collected from the same individuals at multiple points in time using a survey method. The Likert scale was treated as a continuous variable. Adjusted means were calculated using a repeated measures mixed linear model. Time points, intervention years, birth generation, and shift were considered fixed effects. The nursing unit where the new nurses worked was considered a random effect. Correlation analysis was conducted using SAS 9.1 (Halfer et al., 2008).

Overall job satisfaction was significantly higher in the post-internship group as compared to the pre-internship group. No significance was found for the influence of birth year (Halfer et al., 2008). Further study was recommended to identify what career development supports will assist new nurses in growing professionally and remaining a vital part of the organization's health care workforce. Organizations need to coach new registered nurses on how to manage workloads and how acuity assessments are used in determining patient assignments. Organizations should provide just-in-time feedback or professional development opportunities.

Mills and Mullins (2008) examined a new program's outcomes related to new registered nurses job satisfaction, professional confidence, sense of achievement, perceived respect of others, autonomy at work, relationships with colleagues and managers, and cultural awareness and sensitivity after the implementation of a mentorship program. New registered nurses are facing increasing demands as they transition from the student role to bedside practitioner. Due to organizational stressors, these new nurses were managing complex clinical situations with minimal preparation or support. Attrition rates, job satisfaction, and quality patient outcomes were adversely impacted by a lack of adequate preparation for nursing care roles. In addition to this, nurse shortages are at a crisis point world wide. The estimated mean vacancy rate in the Western United States was 15% and costs associated with nurse attrition were estimated at $42,000 to $64,000 (Mills & Mullins, 2008).

One approach to address these issues was the use of a mentorship program. The purpose of the project was to create a mentor program designed to improve the quality, sensitivity, and effectiveness of patient care through the provision of ongoing support,

guidance, and assistance for new registered nurses. The goal of the California Nurse Mentor (CNM) program was to create and institute a formal staff nurse mentor program, which would pair new registered nurses with experienced registered nurses to function as teacher, advisor, and support to assist them in clinical and professional development. Ethnic, gender, and generational issues were also addressed (Mills & Mullins, 2008). Anderson (1988) defined mentoring as a nurturing process of an experienced person teaching, encouraging, and counseling a less experienced person in order to support development. Anderson's (1988) concept of mentoring became the conceptual framework for the program.

The California Nurses Foundation collaborated with Catholic Healthcare West to implement a three-year CNM project. Four acute care hospitals participated in the study. Two of the hospitals were in northern California and two were in southern California. The total number of participants during the 3-year study was 450 new registered nurses. Demographic statistics were not published with the article (Mills & Mullins, 2008).

The CNM designers created a program for training the mentors and preceptors. The mentor preparation included a 16-hour certification program and 6 hours of cultural awareness education. The mentors were then paired with newly hired nurses. A professional consulting group assessed the program's effect on job satisfaction, professional confidence, and attrition rates for newly hired nurses. The mentorship experience among both mentors and mentees was analyzed to determine the program's impact. Focus groups and conversations were conducted with program staff, mentors, and mentees. Written evaluation instruments were distributed, returned and the data was analyzed. Summative reflections were reported and recommendations made for future

mentor programs. Critical mentor program success factors were identified (Mills & Mullins, 2008).

Comparison of the attrition rates of program participants were conducted with the attrition rates of other new nurses in the hospital who did not participate in the program. The authors reported that the weighted attrition rate for non-participants was 23%. The attrition rate for the CNM participants was 8%. Comments from the evaluation process were shared by the authors as positive toward the program. The mentor relationship was described as extremely helpful personally and professionally to the mentees as they navigated careers. Key findings were identified for the mentor program: (a) expectations for both facility and participants must be clearly defined; (b) mentor certification should include diversity, conflict resolution, critical thinking, and case reviews; (c) the role of lead mentor as program coordinator is critical to the ongoing success of the program; (d) mentor-mentee matching should be done with similar shift and unit assignments; (e) periodic meetings and ongoing support for mentors should be conducted; (f) staff nurse empowerment provides program ownership for participants; and (g) administrative support is important (Mills & Mullins, 2008).

Both mentors and mentees reported that the program had impacted several areas, including job satisfaction and professional confidence. The outcome areas were sense of achievement, perceived appreciation and respect of others, autonomy at work, relationships with colleagues and managers, and sense of fulfillment at work. Preceptor training, according to participant feedback, showed lasting positive effects. Cultural awareness and sensitivity were also positively impacted. The author's summation of the program results was described as extremely successful. Attrition rates were significantly

lower and professional satisfaction measures significantly higher with the participants in the CNM program. It was recommended that other hospitals use the program for the professional and personal development of new registered nurses (Mills & Mullins, 2008).

Retention of nurses is an important outcome of nurse mentor programs. A strong need exists for healthcare organizations to pursue methods which support retention of new registered nurses. Nurse attrition is a multi-faceted issue comprised of various components of professional satisfaction, quality of nursing care and financial indicators. The purpose of Grindel and Hagerstrom (2009) study was to examine the effect of a mentor-mentee program on job satisfaction, new nurse confidence, intent to stay, and satisfaction with both the mentor/mentee relationship and the Nurses Nurturing Nurses (N3) program among new registered nurses.

Eighteen hospitals agreed to participate in the evaluation component of the N3 project located in Northeast (4), South (10), North Central (3), and West (1). Fifteen of the 18 hospitals returned participant data. A total of 96 mentor and mentee dyads completed the evaluation sets for Time 1 data. There were 11 dyads that returned Time 4 data. There were 53.7% of the mentees had earned an associate's degree, and 35.8% earned a bachelor's degree. The average mentee age was 30.66, while 95.9% were female. Thirty-eight percent of the mentors had earned a bachelor's degree, 28.6% an associate's degree, and 12.4% a master's degree in nursing or another discipline. The average mentor age was 41.64 years, while 96.2% were female. The mentors averaged 15.6 years of nursing experience (Grindel & Hagerstrom, 2009). The Intent to Stay/Job Diagnostic Survey (JDS) was used to assess job satisfaction, which evaluates the meaningfulness of work, responsibility for the work, and knowledge of the results. The

JDS used a 7-point Likert scale consisted of 15 statements. Cronbach's alpha was 0.68. The Nurse Job Satisfaction Survey employed a 5-point Likert scale and was used in addition to the JDS. Scores ranged from 26-130 with a Cronbach's alpha of 0.87 (Grindel & Hagerstrom, 2009). The New Nurse Confidence Scale (NNCS) rates the degree of confidence in performing duties related to the staff nurse role using a 5-point Likert scale. Scores ranged from 26-130 with a Cronbach's alpha of 0.94. The Mentee "Assessment of the Relationship with the Mentor" a 5-point Likert scale 25-item questionnaire was used to provide insight into the mentee's perspective of the mentor/mentee relationship. Cronbach's alpha was 0.94.

The Mentor "Assessment of the Relationship with the Mentor" provided insight into the mentor's perspective of the mentor/mentee relationship. Cronbach's alpha was 0.99 (Grindel & Hagerstrom, 2009). The Mentee's Satisfaction with N3 Program was used to assess overall mentee program satisfaction. Mentees rated items on professional development, communication, and mentor / work satisfaction using a 5-point Likert scale resulting in a Cronbach's alpha score of 0.96. The Mentor's Satisfaction with N3 program tool was used to assess overall mentor program satisfaction. Mentors rated 9 items on a 5-point Likert scale. Cronbach's alpha was 0.95. The researchers used the one-way analysis of variance (ANOVA) F-statistic, probability (p) values, and t-tests for the study. Limitation for the statistical analysis was due to the attrition in the number of mentees and mentors who completed the full cycle of data collection. The authors were unable to identify reasons for the attrition (Grindel & Hagerstrom, 2009).

For the variable new nurse confidence, the mean scores for Time 1 and Time 3 were tested using the repeated measures analysis of variance (ANOVA-RM). The results,

F (2) = 47.5, p = 0.000 between Time 1 and Time 3 indicated the mentees' nurse confidence levels had increased. The ANOVA-RM for job satisfaction between Time 1 and Time 3 (6 month period of time), was F (2) = 0.195; p = 0.824, indicating job satisfaction at both times of measurement were moderately high with no significant change over time. The variable, intent to stay, showed no significant change between measurements conducted at Time 2 and Time 3. The ANOVA-RM was used with results reported t (25) = -0.38, p = 0.970 (Grindel & Hagerstrom, 2009). Interestingly, the mentee's relationship with the mentor measured at Time 2 and 3, Time 4 assessed, but the sample too small to perform analysis, that indicated a slight decrease in the mentee's satisfaction with the mentor [t (27) = 0.759, p = 0.455]. In addition, the variable, mentee's evaluation of the N3 Program, declined at Time 4, while it had remained stable at Time 2 and 3 [t (26) = -1.153, p = 0.026] (Grindel & Hagerstrom, 2009).

The researchers summarized that one of the most important components to a successful program was the organization's commitment to it. It was found that a program formally acculturated into the organization's policies, processes and evaluations reflects the organization's commitment to the concept of mentoring. Mentors create a significant difference in the retention of new registered nurses.

In addition to retention, confidence and experience in clinical skill application are an important outcome of the mentoring process. Newly registered nurses lack confidence and experience in applying skills learned during nursing school. Competence and confidence are two important aspects in providing care to patients. Mentoring has been shown to provide benefit to the new registered nurse. Experienced nurses can assist the new nurse through mentoring to increase in knowledge and practice (Komaratat &

Oumtanee, 2009). The author's hypothesis was that the competency of newly registered nurses would be significantly increased after implementation of a nurse mentorship model.

The purpose of Komaratat and Oumtanee's (2009) study was to improve the competency of new registered nurses through mentoring. The conceptual framework for the quaisi-experimental study was based on the nurse competency concepts of Taechaveerakorn and Oumtanee (2008) and the mentor model of Morton-Cooper and Palmer (2000). The competency concept had it's origination in Benner's (1984) Novice–to–Expert model, where novice to expert competencies were divided into the four categories of: (a) nursing care; (b) human relationship and communication; (c) decision making and problem solving; and (d) quality assurance.

The setting for the study was Chulalongkorn University Hospital, located in Bangkok, Thailand. Nineteen new registered nurses were selected for participation after the organization's institutional review board approved the study. The sample of one group of 14 new registered nurses was studied with responses to the instruments measured over 3 time periods. Selected experienced nurses having a minimum of 3 years of experience were prepared as mentors for the study. The criterion for inclusion was that the new nurse's competency level was the novice level. Demographic information was not included in the published study (Komaratat & Oumtanee, 2009).

Three instrument types were used. Komaratat and Oumtanee's Mentorship Knowledge Scale (2009) was used as an experimental instrument with the study's selected mentors. The mentors were trained for the study with lectures, workshop participation, and review of an information booklet. This instrument functioned as a pre

and post test study to determine what knowledge was gained from the training preparation. A total of fifteen questions were included. The index of difficulty was 0.43 to 0.83. The value of discrimination was 0.20 to 0.80.

The second instrument was Komaratat and Oumtanee's Mentor's Activities Scale (2009). It was used as a control instrument to have the new registered nurses evaluate the mentors. This was a simple checklist with 25 items. The coefficient for the form was .9. The final instrument was an evaluation document, which the authors used to assess the new registered nurses after completion of the program. The Nursing Competency Scale was developed out of the work of Taechaveerakorn and Oumtanee (2008). It was chosen to evaluate four dimensions: (a) nursing; (b) human relations and communication; (c) decision-making and problem solving; and (d) quality development and assurance. The instrument has a 5-point rating scale to determine high to low competency utilizing 20 questions. The Cronbach's alpha of this tool was .96 (Komaratat & Oumtanee, 2009). The statistically significant study results found that new registered nurses' competency was higher than time 1 (pre-experiment) with *p* of .05. At time 2 (post-experiment), the results were similar with new registered nurses' competency demonstrating significant improvement with *p* of .05. The new registered nurses in the study who did not participate in the mentor program had no change in their competency level when studied at the same time intervals (Komaratat & Oumtanee, 2009).

This study compared two groups of new registered nurses to determine if a mentor program was able to improve the level of competency. The results indicated that new nurses receiving training with the assistance of the experienced nurses acting as mentors were able to improve clinical skills. The level of nursing competency for the new

registered nurses was increased after using the mentorship model. Decision making and problem resolution skills were also significantly improved after participation in the mentor program. Results from the study confirm that mentorship can have a significant positive outcome for new registered nurses as it relates to clinical competency (Komaratat & Oumtanee, 2009).

Summary

The future of healthcare is faced with many challenges. A continued national nursing shortage is one of the most pressing issues plaguing healthcare organizations. Nurse leaders are seeking ways to recruit and retain new registered nurses. The scope of tasks facing new registered nurses includes: (a) establishing themselves as a health care team member; (b) becoming licensed as a nurse; (c) selecting the first employer; (d) acclimation to the new job; (e) becoming confident in clinical skills; (f) socialization into a new group; and (g) finding their way around a new city. Having a positive impact on a healthcare organization's financial outcome as well as professional growth and satisfaction is critical. Programs that drain resources without benefit to the patient or employees cannot be sustained.

The literature indicates that mentoring is an effective process for coaching, teaching, advising, precepting, guiding, and supporting the new registered nurse. In an era of nurse shortages and increasing healthcare needs of the world, mentor programs have been demonstrated by these selected studies to: (a) provide benefit to the advancement of the new registered nurse's clinical and critical thinking skills; (b) improve nurse retention rates; (c) enhanced the socialization of the new registered nurse into professional practice; (d) increase the new registered nurse's job satisfaction; (e)

enhance the organization's financial performance; and (f) support the novice's professional growth and development. These combined benefits provide significant financial savings through the reduction of costs associated with high nurse attrition, improved quality of care delivery through support of the new registered nurses' critical thinking and clinical skill advancement, and improved professional satisfaction.

The complexity of healthcare will continue to press forward on the skills of the new registered nurse. The literature reveals that with thoughtful approaches to the provision of mechanisms and processes for mentoring, the new registered nurse will be successful in their roles. The new registered nurse's journey from novice to competent nurse has been demonstrated to be successful with the use of mentoring programs. The research reveals that mentor programs provide a vital link of support for the new registered nurse's development to both the quality of the patient's care and the professional future of the nurse. The end result is the ability to provide quality care to patients in a multifaceted and stressful environment.

Chapter III

Methodology

Introduction

New registered nurses experience many challenges when transitioning to the professional nurse role including a lack of critical thinking and clinical knowledge or skills, professional communication skills, socialization issues with enculturation into a new workgroup, and satisfaction in the professional role. Mentoring new registered nurses is important for the successful transition to practice due to technical and emotional demands (Beecroft et al., 2006).

Mentors are role models, help socialize and guide new nurses during the transition period. The purpose of this comprehensive summative analysis study is to evaluate a mentoring program for new registered nurses' satisfaction with the mentor, guidance and support, socialization into the profession, benefits of role model acquisition of professional behaviors, maintenance of contact between the mentor/mentee over time, and satisfaction with the mentorship program. This is a modified replication of Beecroft et al.'s (2006) study.

The findings of this study will provide information for nurse leaders and educators about the new nurses' perception of mentoring programs. Financial outcomes related to retention will be tracked in addition to the review of the study results.

Assessing the results will be helpful in the administration or revision of future mentoring programs.

Research Question

Does a structured mentor program for new registered nurses provide benefit to the new registered nurse's job satisfaction, socialization, clinical expertise, and professional growth and development as they transition to their role as practitioner?

Population, Sample, and Setting

The study will take place in a midwestern health system's level II trauma center in Fort Wayne, Indiana. The anticipated sample is N=50 new registered nurses who have participated in a mentoring program within the past 2 years. New registered nurses who participated in a mentor program, and currently employed in the hospital will be included.

Protection of Human Rights

This study will be submitted for approval to the Ball State University Institutional Review Board and the level II hospital. Once permission is obtained, a cover letter explaining the study, demographic questionnaire, and two surveys will be mailed to the participants' homes. The researcher will incur all cost for the mailing the study documents. Participant's consent is assumed by receipt of the questionnaire. Only the researcher and the statistician will review collected data maintaining anonymity. There are no foreseen risks identified for study participation. Benefits may include the opportunity to gain valuable information regarding the benefits and success of a mentor program.

Procedures

After receiving approval from the hospital's IRB, a request will be submitted to the organization for a mailing list of nurses who have participated in a mentor program in the past 2 years in any nursing department. Costs incurred will be personally funded. A cover letter will be mailed to participants explaining the study and providing instructions on how to complete the demographic questionnaire and surveys. Participants will be encouraged to return the questionnaire in the enclosed postage-paid envelope by a specified date.

Research design

A descriptive correlational design will be used to examine the relationship among variables. A descriptive correlational design is defined by Burns and Grove (2009) as a design that examines the relationships that exist in a situation.

Data Analysis

Descriptive statistics will be used for demographic data analysis, and Pearson r correlation for the analysis of the research question. A correlation explains the relationship between a minimum of two variables without examining the cause and effect (Burns & Grove, 2009).

Summary

The purpose of this descriptive correlational study is to investigate the relationship between a mentor program and the new registered nurse's satisfaction with: (a) the mentor program; (b) perception of guidance and support; (c) successful socialization into the profession; (d) acquisition of professional knowledge skill and behaviors; and (e) job satisfaction.

References

American Association of Colleges of Nursing. (1998). *The essentials of baccalaurteate education for professional nursing practice*, Washington, DC: Author.

Anderson, E. (1988). Toward a conceptualization of mentoring. *Journal of Teacher Education, January/February*, 38-42.

Anderson, T., Linden, L., Allen, M., & Gibbs, E. (2009). New graduate RN work satisfaction after completing an interactive nurse residency program. *The Journal of Nursing Administration, 39(4),* 165-169.

Angelini, D. (1995). Mentoring in the career development of hospital staff nurses: models and strategies. *Journal of Professional Nursing, (2*), 89-97.

Beercroft, P., Kunzman, L., & Krozek, C. (2001). RN internship: outcomes of a one-year pilot program. *Journal of Nursing Administration, 31(*12), 575-82.

Beecroft, P., Santner, S., Lacy, M., Kunzman, L., Dorey, F. (2006). New graduate nurses' perception of mentoring: six-year programme evaluation. *Journal of Advanced Nursing, 55(*6*),* 736-47.

Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice.* Boston: Pearson Education.

Borich, G., & Jemelka, R. (1982). *Programs and Systems*. New York: Academic Press.

Bowen, D. (1985). Were men meant to mentor women? *Training and Developmental Journal, 39(1),* 30-34.

Burns, N., & Grove, S. (2009). *The Practice of Nursing Research*. (6th Ed.) St. Louis: Saunders.

Casey, K., Fink, R., Krugman, M., & Probst, J. (2004). The graduate nurse experience. *Journal of Nursing Administration, 20(6*), 303-311.

Corwin, R. (1961). The professional employee: a study of conflict in nursing roles. *American Journal of Sociology, 6(6),* 604-615.

Fields, W. (1991). Mentoring among nurses. *Nursing Outlook, 39(6*), 257-261.

Fink, R., & Krugman, M. (2008). The graduate nurse experience. *The Journal of Nursing Administration, 38(7/8),* 341-348.

Gefke, P. (1999). CHLA Mentoring Program Trainer's Guide. Gefke International: Los Angeles, California.

Gilbert, L., & Rossman, K. (1990). *Gender and the mentoring process*. Paper presented for the symposium, Women Mentoring Women: New Theoretical Perspectives and their Application, Annual Meeting of the American Psychological Association, Boston, MA.

Grindel, C., & Hagerstrom, G. (2009). Nurses nurturing nurses: outcomes and lessons learned. *Medical Surgical Nursing, 18(3*), 183-194.

Halfer, D. (2007). A magnetic strategy for new graduate nurses. *Nursing Economics, 25(1),* 6-11.

Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economics, 24(3),* 150-155.

Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. *Nursing Economics, 26(4),* 243-249.

Hickey, M., (2009). Preceptor perceptions of new graduate nurse readiness for practice. *Journal for Nurses in Staff Development, 25(1),* 35-41.

Hinshaw, A., & Atwood, J. (1982). Anticipated turnover: a pilot stage instrument. *Communicating Nursing Research*. Boulder, CO: Wiche Publications.

Hurley, C., & Snowden, S. (2008). Mentoring in times of change. *Nursing in Critical Care, 13(5),* 269-75.

Kelly, J. & Ahren, K. (2008). Preparing nurses for practice: a phenomenological study of the new graduate in Australia. *Journal of Clinical Nursing, 18,* 910-918.

Knowles, M. (1970). *The modern practice of adult education: Andragogy vs. pedagogy*. New Your: Association Press.

Komaratat, S., & Oumtanee, A. (2009). Using a mentorship model to prepare newly graduated nurses for competency. *The Journal of Continuing Education in Nursing 40*(10), 475-480.

Kram, K. (1983). Phases of the mentoring relationship. *Academy of Management Review, 26,* 608-625.

Kramer, M. (1974). *Reality shock: Why nurses leave nursing.* St. Louis, MO: C.V. Mosby Company.

Laschinger, H., Finegan, J., & Wilk, P. (2009). New graduate burnout: the impact of professional practice environment, workplace civility, and empowerment. *Nursing Economics, 27(6),* 377-383.

Mills, J., & Mullins, A. (2008). The California nurse mentor project: every nurse deserves a mentor. *Nursing Economics, 26(*5*),* 310-315.

Morrow, S. (2009). New graduate transitions: leaving the nest, joining the flight. *Journal of Nursing Management, 17,* 278-287.

Morton-Cooper, A., & Palmer, A. (2000). *Mentoring, Preceptorship, and Clinical Supervision: A Guide to Professional Roles in Clinical Practice (2nd ed.).* London: Blackwell Science.

Neary, M. (2000). Supporting students' learning and professional development through the process of continuous assessment and mentorship. *Nurse Education Today, 20*, 463-474.

Nursing & Midwifery Council. (2006). *Standards to Support Learning and Assessment in Practice.* London: NMC.

Persaud, D. (2008). Mentoring the new graduate perioperative nurse: A valuable retention strategy. *AORN Journal, 87(*6*),* 1173-1178.

Porter-O'Grady, T., & Malloch, K. (2007). *Quantum Leadership*. Sudbury, MA: Jones and Bartlett Publishers.

Taechaveerakorn, N., & Oumtanee, A. (2008). Staff nurses' competencies based on career ladder, tertiary hospitals. *Journal of Songklana-karintara Nursing, 28*(1), 12-25.

Tourangeau, A., Cummings, G., Cranley, L., Ferron, E., & Harvey, S. (2009). Determinants of hospital nurse intention to remain employed: broadening our understanding. *Journal of Advanced Nursing, 66*(1), 22-32.

Walsh, C., & Clements, C. (1995). Attributes of mentors as perceived by orthopedic nurses. *Orthopedic Nursing, 14*(5), 48-56.

Yoder, L. (1990). Mentoring: a concept analysis. *Nursing Administration Quarterly, 15*(1), 9-19.

Yoder, L. (1995). Staff nurses' career development relationships and self-reports of professionalism, job satisfaction, and intent to stay. *Nursing Research, 44(5),* 290-297.